PTO/SB/01 (10-00)

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| DECLA | Attorney Doo | cket Number | CRD5046 | | | | | |
|--|--|-------------|------------------------|--|-------------------|--|--|--|
| AND POWER OF ATTORNEY FOR UTILITY OR DESIGN | | | | First Named Inventor Donald K. Jones, et al. | | | | |
| | | | COMPLETE IF KNOWN | | | | | |
| (37 € | APPLICATION CFR 1.63) Declaration Subm OR Initial Filing (Sur (37 CFR 1.16(e)) | ırcharge | Application N | - | Unknown | | | |
| | | | Filing Date | | December 17, 2003 | | | |
| | | | Group Art U | nit | Unknown | | | |
| | | | Examiner Na | ame | Unknown | | | |
| As a below named inventor, | I hereby declare that | : | | | | | | |
| My residence, mailing address, and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: | | | | | | | | |
| Activatable Bioactive Implant able Medical Device And Method Of Use (Title of the Invention) | | | | | | | | |
| the specification of which | | | | | | | | |
| is attached hereto | | | | | | | | |
| OR | | | | | | | | |
| was filed on (MM/DD/YYYY) as United States Application Number or PCT International Application Number and was amended on (MM/DD/YYYY) | | | | | | | | |
| I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above. | | | | | | | | |
| I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application. | | | | | | | | |
| I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed. | | | | | | | | |
| Prior Foreign Application | Country | | Filing Date D/YYYY) | Priority Not Claime | | | | |
| Number(s) | | | | | YES NO | | | |
| | | | | | | | | |
| Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto: | | | | | | | | |

| DECLARATION - Utility or Design Patent Application | | | | | | | | |
|---|--|---|---|--|--|--|--|--|
| I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below. | | | | | | | | |
| THEIR | Application Number(s) Filing Date (MM/DD/YYYY) | | | | | | | |
| | Application (tambel (c) | | Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto. | | | | | |
| I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s) listed below and, insofar | | | | | | | | |
| as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner | | | | | | | | |
| provid | ded by the first paragraph of Title 35, t | Jnited States Code, §112, I acknowledge the | e duty to disclose material information as | | | | | |
| | | tions, §1.56(a) which occurred between the | filing date of the prior application and the | | | | | |
| natio | nal or PCT international filing date of the Application Serial No. | nis application: Filing Date | Status | | | | | |
| | Application Serial No. | Filing Date | Gialus | | | | | |
| | | | Pending | | | | | |
| I here | eby appoint: | | | | | | | |
| \boxtimes | Practitioners at Customer Number | 000027777 _ | Place Customer Number Bar Code Label Here | | | | | |
| | AND | | Labernere | | | | | |
| Practitioner(s) named below: Name Registration Number | | | | | | | | |
| as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith. | | | | | | | | |
| Address all telephone calls to Henry W. Collins at telephone number (786) 313-2707. | | | | | | | | |
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| Direct | all correspondence to: | Co de Label 000027777 OR | Correspondence address below | | | | | |
| Name: | | | | | | | | |
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| Addre | ess: | | | | | | | |
| City: | | State: | ZIP | | | | | |
| Country | | Telephone: | Fax: | | | | | |

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| I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. | | | | | | | | | |
|---|--|---|--|--|--|--|--|--|--|
| NAME OF SOLE OR FIRST INVENTOR: | ☐ A pet | ition has been fil | ed for this unsign | ed inventor | | | | | |
| Given Name (first and middle [if any]) Donald K. | | Family Name or Surname Jones | | | | | | | |
| Inventor's Signature Consol R | fores | | Date 12 | 104/03 | | | | | |
| Residence: City Lauderhill | State Florida | Count | ry U.S.A. | Citizenship U.S.A. | | | | | |
| Mailing Address 4945 N.W. 82nd Terrace | | | | | | | | | |
| City Lauderhill | State Florida | ZIP 3 | 3351 | Country U.S.A. | | | | | |
| I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. | | | | | | | | | |
| NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventor | | | | | | | | | |
| Given Name (first and middle [if any]) Juan A. Family Name or Surname Lorenzo | | | | | | | | | |
| Inventor's Signature | 10 N | | Date De | c 4th, 2003 | | | | | |
| Signature | | | | | | | | | |
| Residence: City Davie | State Florida | Count | ry U.S.A. | Citizenship U.S.A. | | | | | |
| Signature | State Florida | Count | ry U.S.A. | Citizenship U.S.A. | | | | | |
| Residence: City Davie | State Florida State Florida | Count | | Citizenship U.S.A. Country U.S.A. | | | | | |
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. A petition has been filed for this unsigned inventor NAME OF FOURTH INVENTOR: **Family Name** Given Name or Surname Sherman (first and middle [if any]) Darren Inventor's Date Signature Citizenship U.S.A. Residence: City Ft. Lauderdale State Florida Country U.S.A. Mailing Address 1216 S.E. 5th Court ZIP 33301 Country U.S.A. State Florida Ft. Lauderdale I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. A petition has been filed for this unsigned inventor NAME OF FIFTH INVENTOR: **Family Name** Given Name or Surname (first and middle [if any]) Inventor's Date Signature Citizenship. Residence: City State Country . Mailing Address ZIP State Country I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. A petition has been filed for this unsigned inventor NAME OF SIXTH INVENTOR: **Family Name** Given Name or Surname (first and middle [if any]) Inventor's Date Signature Citizenship State Country Residence: City **Mailing Address** ZIP State Country City